(Status - patented, pending, abandoned)

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Page 1 of 2 (Rev. 12/2002) (Application Number)

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD AND SYSTEM FOR PROVIDING PROTECTION IN AN OPTICAL RING COMMUNICATION NETWORK									
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as se forth above and/or the following:									
Information -	The specification was filed on						_85			
For Use Without	United States A	Application Nur	nber							
Specification	and amended	on			(if applicable) and/or					
Attached:		n was filed on			as PCT					
					and was					
	amended on	•••			(if applicable)					
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, at amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federa Regulations, \$1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application to patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate below and have also identified below any foreign application for inventor's certificate thaving a filing date before that of the application on which priority is claimed:									
•	I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent									
	or inventor's certific	ate listed below	and have also identified	below any forcign ap	ow any foreign application for patent or inventor's certificate flaving					
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Insert Priority	Prior Foreign App	oucation(s)			•	Priority C	-191med			
Information:						<u> </u>				
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	I hereby claim the b	enefit under Tit	le 35, United States Code,	\$119(e) of any Unite	ed States provisional	applications(s) li	sted below.			
Insert Provisional	60/398,276	•		July 24, 20	July 24, 2002					
Application(s): (if any)	(Application Number)				(Filing Date)					
	(Application Number)			(Filing Da	(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Pr the Filing Date of This Application:									
	Country		Application Number		Date of Filing (Mon	th/Day/Year)				
Insert Requested Information; (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States and John S						including for lication is not United States & 37, Code of ional or PCT			
Insert Prior U.S.			•							
Application(s): (if any)	(Application Number	zr)	(Filing Date)		(Status - patented, p	ending, abandone	ed)			

(Filing Date)

Attorney Docket No. Error! Reference source not found.

I hereby appoint the practitioners at CUSTOMER NO. 2292 and David Soltz (Reg. # 34,731) as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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neri Pnet Office Address —e	MAILING ADDRESS (Complete Street Address including City, State & Country)									
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ull Name of Second Inventur, if any nee above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
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*DATE OF SIGNATURE